

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

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Serial

OMB APPROVAL

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	SEC U	SE ONLY
NOTICE OF SALE OF SECURITIES	Prefix	S
PURSUANT TO REGULATION D.		
SECTION 4(6), AND/OR	DATER	RECEIVED
UNIFORM LIMITED OFFERING EXEMPTION		<u> </u>
		No.

Name of Offering ( check if this is an amendment and name has changed, and indicate change.)		S-CEIVED CO		
Membership Interests	f:			
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE	2000		
Type of Filing: New Filing		igi (10 - 1 - 2006 - 2006)		
A. BASIC IDENTIFICATION D	DATA Z			
Enter the information requested about the issuer		NO 2013 /68/		
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)				
Iron Gate Investments V, LLC				
Address of Executive Offices (Number and Street, City, State, Zip Code	) Telephone Number (Including A	rea Code)		
1400 16 <sup>th</sup> Street, Suite 220, Denver, CO 80202	(303) 506-4562	PROCESSED		
Address of Principal Business Operations (Number and Street, City, State, Zip Code	) Telephone Number (Including A			
(if different from Executive Offices)	Same	NOV 17 2006		
Same	Saille	, , , , , , , , , , , , , , , , , , , ,		
Brief Description of Business	4	THOMSUM		
Private equity investments		) FINANCIAL		
Type of Business Organization				
corporation limited partnership, already formed of	ther (please specify): limited liability o	ompany, already formed		
business trust limited partnership, to be formed				
Month Year				
Actual or Estimated Date of Incorporation or Organization: 09 2006				
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for	or State:			
CN for Canada; FN for other foreign jurisdiction) CO				

## GENERAL INSTRUCTIONS

#### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

SEC 1972 (6-02)

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Boxes that Apply: Executive Officer Promoter Director Beneficial General and/or Managing Partner Owner Full Name (Last name first, if individual) Iron Gate Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1400 16th Street, Suite 220, Denver, CO 80202 General and/or Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Executive Officer ☐ Director General and/or Check Boxes that Apply: Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes that Apply: Beneficial Owner General and/or Promoter ☐ Director Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Director Check Boxes that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

A. BASIC IDENTIFICATION DATA

					В	INFORM	ATION AB	OUT OFFE	RING				
۱.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?						,	Yes	No				
				Answer	also in App	endix, Colu	mn 2, if filin	g under ULC	DE.				$\boxtimes$
2.	What is th	e minimum ii	vestment th	at will be ac	cented from	n anv individ	lual?			******		\$10,000.0	00*
3.												Yes	No
			•	•	-								$\boxtimes$
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.									_				
											*Subject to exceptions to be made by the Managers in their sole discretion		
Full	Name (Las	t name first, i	if individual)	)							_		
	<u> </u>						N/A		· · · · · · · ·				
Busi	ness or Re	sidence Addro	ess (Number	and Street,	City, State,	Zip Code)							
Nam	e of Assoc	iated Broker	or Dealer					·-					
		Person Liste											_
(Cho	ck "All St	ites" or check	individual S	States)	•••••		••••	······	,		,		All States
[AL]	ì	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[НІ]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	Ï	[NE]	INVI	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	ЮН	ЮКJ	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	נעדן	(VT)	ĮVΑĮ	ĮVAĮ	ĮWVĮ	ĮWIĮ	[WY]	[PR]
Full	Name (Las	t name first, i	if individual	)									
Busi	ness or Re	sidence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Nam	ne of Assoc	iated Broker	or Dealer										
State	es in Which	Person Liste	d Has Solici	ted or Intend	ds to Solicit	Purchasers							
(Che	eck "All Sta	ites" or check	individual S	States)								[	All States
[AL]	ı	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)		[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT		INEI	ĮNVJ	[NH]	[NJ]	[NM]	(NY)	[NC]	[ND]	OHI	(OK)	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	(VT)	ĮVAJ	[VA]	[WV]	{WI]	[WY]	
Full Name (Last name first, if individual)													
Busi	ness or Re	sidence Addre	ess (Number	and Street,	City, State,	Zip Code)							
Name of Associated Broker or Dealer													
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
State	es in Which	Person Liste	d Has Solici	ted or Inten	ds to Solicit	Purchasers							
(Check "All States" or check individual States)													
[AL	3	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	JIDJ
[IL.]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT	1	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[НО]	JOKJ	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	(WI)	JWYJ	[PR]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	S
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	s	S
	Partnership Interests	\$	\$
	Other (Specify Membership Interests)	\$592,800	\$592,800
	Total	\$592,800	\$592,800
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		A
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	29	\$ 592,800
	Non-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T C	Delles Assessed
		Type of Security	Dollar Amount Sold
	Type of Offering		
	Rule 505		\$
	Regulation A		S
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		\$
	Legal Fees	🖾	\$ 3,000
	Accounting Fees	<u> </u>	\$
	Engineering Fees	<u>—</u>	\$
	Sales Commissions (specify finders' fees separately)		\$
	Finders' Fees		\$
	Other Expenses (Identify)		\$ S
	Total		\$
		<u> </u>	3,000

C. OFFERING PRICE, NUMBER OF IN	NVESTORS, EXPENSES AND USE OF PROCEEDS				
<ul> <li>Enter the difference between the aggregate offering price given furnished in response to Part C – Question 4.a. This difference is the</li> </ul>	\$ 589,800.00				
<ol><li>Indicate below the amount of the adjusted gross proceeds to the issue shown. If the amount for any purpose is not known, furnish an estin total of the payments listed must equal the adjusted gross proceeds to above.</li></ol>	·				
	Payment to Officers, Directors, & Affiliates	Payment To Others			
Salaries and fees	s	<b>S</b>			
Purchase of real estate		<b>S</b>			
Purchase, rental or leasing and installation of machinery and equipment		<b>5</b>			
Construction or leasing of plant buildings and facilities	<b></b>	<b>S</b>			
Acquisition of other businesses (including the value of securities involved may be used in exchange for the assets or securities of another issuer pursu		s			
Repayment of indebtedness		<b>s</b>			
Working capital	<b>\$</b>	<b>S</b> 589,800.00			
Other (specify):		<u> </u>			
		s			
Column Totals	<b></b>	<b>S</b> 589,800.00			
Total Payments Listed (column totals added)	🖂 <b>s</b> _	589,800.00			
D. FEDI	ERAL SIGNATURE				
The issuer had duly caused this notice to be signed by the undersigned duly auf an undertaking by the issuer to furnish to the U.S. Securities and Exchange Connon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	thorized person. If this notice is filed under Rule 505, the formmission, upon written request of its staff, the information f	Howing signature constitutes urnished by the issuer to any			
Issuer (Print or Type)	Signature	Date 1			
Iron Gate Investments V, LLC	Hahy	10/14/00			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Douglas J. Fahoury	Manager, Iron Gate Management, LLC				

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)